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crushed head lice (*Pediculus capitis*), the monkey developed a typical febrile reaction with subsequent resistance to an inoculation of virulent typhus (Mexican) blood.

(*b*) In one of three experiments to transmit typhus fever (Mexican) from man to monkey by means of the bite of the head louse (*Pediculus capitis*), the animal bitten by the presumably infected head lice proved resistant to two successive immunity tests with virulent typhus blood.

CONCLUSIONS.

1. The body louse (*Pediculus vestimenti*) may become infected with typhus. The virus is contained in the body of the infected louse and is transmissible by subcutaneous injection of the crushed insect or by its bite.
2. The head louse (*Pediculus capitis*) may become infected with typhus. The virus is contained in the body of the infected louse and may be transmitted by subcutaneous injection of the crushed insect and, we believe, also by its bite.

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SCHOOL CLOSURE IN THE CONTROL OF EPIDEMICS OF MEASLES.

The control of outbreaks of measles has usually been found difficult. This has been so to such an extent that in many cities no attempt at control is made. Under these circumstances the disease very probably subsides only after it has attacked a considerable proportion of the susceptible children and remains in a state of relative inactivity until a sufficient number of other children reach an age when their relation to the community life makes them available material for a new epidemic.

Studies of outbreaks of measles and of the effect of measures aimed at their control are of special interest to municipal health authorities. Dr. Raffle, school medical officer of South Shields, England, reported in the Lancet (London) of February 3, 1912, an outbreak of measles in which the closing of the schools seemed to have a decided limiting effect on the spread of the infection. The following is the report:

SCHOOL CLOSURE IN MEASLES.

To those working on the preventive side of medicine school closure as a means of controlling epidemics is always an interesting question. Opinions differ as to its efficacy even amongst medical men, and the present article is an account of how it worked in an epidemic of measles. Laymen, especially members of education committees, often meet our arguments in favor of school closure with the retort that the children are just as liable to be infected in their home life as they are to be infected in school. The intercourse in the home, the street, the Sunday school, and places of amusement plays, of course, its part in the spread of infectious disease, but I hope to show that in the epidemic which is here considered it was a minor part.

During the spring and early summer of last year we had to control an extensive epidemic of measles, which affected 15 out of 21 of our infant schools. There were 858 children attacked, and each of the cases has been investigated for the purpose of a special report to be included in the annual report for 1911. I have analyzed the figures of incidence in each school in the hope that other school medical officers will follow my example and give the profession figures of proof of the efficacy of school closure. The accompanying table shows the departments affected, the extent to which they were closed, the rough average attendance of the department, the number of children who had not already had measles (from figures obtained during three years of medical inspection), the number of cases occurring before closure, the number occurring within 14 days of closure, and the number which occurred more than 14 days after the closure.

Table showing the influence of school closure in an epidemic of measles.

Name of school.	Extent of closure.	Average attendance.	Number of susceptible children.	Number of cases before closure.	Number of cases within 14 days after.	Number of cases more than 14 days after.
Westoe	All	480	240	77	27	17
Ocean Road	do	380	190	51	16	7
St. Hilda's	do	170	80	19	1	2
St. Stephen's	do	175	80	18	0	5
Gilbert Street	do	400	200	71	28	20
Barnes	do	440	210	37	8	0
Baring Street	do	450	220	49	16	1
Mortimer Road	do	520	250	76	18	3
W. Harton	do	200	100	28	6	1
Cone Street	do	310	150	22	1	8
H. Trinity	do	345	170	51	10	6
Laygate Lane	Classes 5, 7, and 8	150	70	21	0	2
St. Bede's	Classes 6 and 7	100	40	28	1	2
Stanhope Road	Class N 2	50	20	22	0	0
Mowbray	Classes 7, 8, 9, 9A, and 10.	300	160	48	8	1
Total		4,470	2,180	618	140	75

We must take into account, as I have already said, both the infection which may be present in the home life and that in the school life. If we eliminate one of these sources of infection we can then ascertain the part played by the other in spreading the disease, providing that we have remaining, after one source has ceased to act, a large number of susceptible children. During the period that a child is at school both sources of infection are in operation, and for a period of 14 days after the child is excluded it is still possible that the child was infected at school and has been carrying the undeveloped disease in its system. After the maximum period of incubation has expired all cases occurring amongst the children must be the result of infection in the home life.

There were in this epidemic 4,470 children exposed to infection, and of these 2,180 were susceptible to measles. Of these, 853 children were attacked, 638 cases occurring during the time that the children were at school and 140 during a period of 14 days after the school was closed; that is, 778 cases which might have been infected either at school or in the home life. Thus, at the time of the removal of the possibility of the infection at school there were still more than 1,400 children who were susceptible to measles. Only 75 of these children actually contracted the disease. This shows, I think, the important part played by the school in the spread of the infection of measles and the value of school closure in this epidemic as a preventive measure.